

# SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)

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## **SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)**

### **Service Delivery System**

#### **I. INTRODUCTION**

California Youth Authority (CYA) is implementing the 12-Stage Sexual Behavior Treatment Program at its facilities, which will significantly increase the availability and scope of sexual behavior specific treatment. The purpose of the CYA Sexual Behavior Treatment Program is to advance the Department's mission to protect the public by rehabilitating wards who have a history of sexual offenses through providing a continuum of treatment and training approaches.

The CYA 12-Stage program utilizes a multi-disciplinary team of professional, clinical and support staff to provide treatment to wards with a history of sexual offenses. The 12-Stage sexual behavior program establishes Outpatient Sexual Behavior Treatment Programs (OSBTP) in each institution. The 12-stage program is a comprehensive, department-wide system, which standardizes the process, assessment, and treatment of offenders from intake through parole. It implements a standardized model and curriculum that encompasses all levels of the mental health continuum of care, and can be customized for the needs of each offender. The 12-Stage program utilizes a case management approach and curriculum, which maximizes treatment opportunities, unifies the treatment approach across disciplines, provides for continuous service between facilities, and shifts the onus of responsibility and progress to the individual offender.

The 12-Stage Program is devised to assess and provide an appropriate level of care to address the needs of the individual. The 12-Stage Sexual Behavior Treatment Program is founded on some key principles. These principles include:

#### **A. Treatment Availability**

Sexual Behavior Treatment will be afforded to all wards that have a need for treatment in the CYA. Treatment will be rendered through a continuum of services and treatment programs for youth with sexual behaviors and services will be tailored to the individual based on three levels of care, residential, outpatient and outpatient healthy sexuality.

#### **B. Standardized Programming**

- Sexual Behavior Treatment Programming and curriculum is standardized. The 12-Stage curriculum is progressive to the end of depth and internalization of treatment concepts. Completion of the program will be competency based.
- Standardized specific training and certification is provided to CYA staff who work in the twelve-stage treatment program.
- Standardized treatment modules, concepts, and hours of treatment will be offered to wards who have a history of sexual offenses within the Behavior treatment programs.

- Standardized psychological assessment and pre- and post-testing will be utilized and reasonable accommodations will be made to administer a battery of psychometric pre- and post-program measures that are consistent with current industry standards. Post-test measures will measure the objectives consistent with completion of the program.

### **C. Individualized Treatment**

Participants will be afforded individualized treatment planning. Identified special needs participants (i.e. mental health, dual diagnosis, cognitively challenged, psychopathic, wards with cases under appeal, etc.) will be afforded individualized treatment planning based on their needs. Standardized treatment programming will be tailored to the needs of the individual as supported by the current research. Sexual Behavior Treatment Programming will be integrated with the CYA mental health continuum of care.

#### **1. Developmentally Disabled/Low Cognitive Functioning Participants**

Currently there are 13 identified developmentally disabled wards in the Youth Authority in need of sexual behavior treatment. There is a greater number of Low Cognitive Functioning wards that are identified through IEP evaluations that are in need of sexual behavior treatment. It is expected that many of these wards will be placed in residential programs through the screening process.

All staff assigned to the Sexual Behavior Treatment Program will receive annual training specifically designed for the treatment of lower functioning wards. A selected group from each program will be allowed the opportunity to visit other Sexual Behavior Treatment Programs that treat developmentally disabled individuals with a history of sexual offenses such as those in Developmental Centers and State Hospitals.

The Sexual Behavior Treatment Program Coordinator will monitor the number of developmentally disabled wards with a history of sexual offenses in each of the residential and outpatient programs and will attempt to evenly distribute the numbers. The Coordinator will also oversee the additional staff training.

#### **2. Psychopathic Ward with a history of sexual offenses**

The Hare Psychopathy Checklist, Revised (PCL-R) and the Hare PCL Youth Version (PCL: YV) will be administered by psychologists when they suspect that the ward is psychopathic. Staff will be allotted additional training focused on treating psychopaths.

The Sexual behavior Task Force will monitor new research related to the treatment of Psychopathic individuals with a history of sexual offenses and make recommendations to alter the curriculum and treatment approach as needed. This includes making recommendations for training for staff.

**3. Female Ward with a history of sexual offenses**

Currently Female Sexual Behavior Treatment Groups are being done at the Venture Youth Correctional Facility.

These groups are being lead by a psychologist employed at that facility. Currently, the Youth Authority does not have a specific curriculum for female ward with a history of sexual offenses.

The Sexual behavior Task Force, in conjunction with consultant with expertise in sexual offenders, will research appropriate treatment modalities specific to the female population and develop a separate curriculum. This task will be accomplished by March 2006.

**4. Cases on Appeal**

Wards who claim to have an appeal pending and report that they are unable to participate in Sexual Behavior Treatment will be required to provide a letter from their attorney that includes the following:

“Based on his/her current court appeal, my client cannot discuss the case/speak about the elements of the (alleged) offense(s).”

The case documentation will be forwarded to the Sexual Behavior Treatment Coordinator to track and monitor the appeal. The ward will be placed in the general population and once the appeal is resolved, the ward will be assigned to the appropriate treatment program. Appeals not related to the ward sexual behavior history should not interrupt treatment.

**5. The Unsuccessful Residential Program Ward**

There are wards who are not emotionally or psychologically prepared to make changes in their thought process or behavior. Hence, they refuse to participate or simply fail to demonstrate any initiative in treatment. An interdisciplinary treatment team case conference will be conducted for wards that are unsuccessful in residential sexual behavior treatment. The case will be assessed by the treatment team and, if possible, the Sexual Behavior Treatment Coordinator. The ward will then be offered the opportunity to express their opinion/appeal at a Youth Authority Administrative Committee Meeting. A revised treatment plan may include the following options:

- a) The ward may be moved to another Residential Sexual Behavior Treatment Program,
- b) The ward may be moved to the Outpatient Sexual Behavior Treatment Program, or
- c) The ward may be removed from Residential Treatment for a specific period of time and then returned to a residential program at a later specified time. At times wards need to leave the program to mature and are then able to return to residential treatment.
- d) The Coordinator will track and monitor all ward movement in the Sexual Behavior Treatment Program, residential or outpatient sexual behavior treatment.

**D Continuum of Services**

Wards with a history of sexual offenses will be offered a continuum of sexual behavior services to include inpatient, outpatient, mental health programs, aftercare, and society transition services. This will ensure the same standard of care will occur throughout the Department for all sex offenders.

**E. Integrated Services**

Sexual behavior programming will include integrated services including psychosexual education, individual and group psychotherapy, family integration, and psycho-educational groups. This includes the involvement of educational/vocational and health care services. Interdisciplinary teams will meet to discuss issues germane to the ward's performance and progress in treatment, which will occur every ninety days through case conference.

**1. Psychopharmacological Services**

Wards will be assessed on an individual basis to determine if a referral needs to be made to the institutional psychiatrist. The psychologist assigned to the ward will conduct the assessment based on clinical observation, staff observation of ward's daily behavior and, if necessary, psychological testing. Wards will be referred through the current WIN referral system. This will alert the medical office to place the ward on an appointment list for the psychiatrist to see the following week. .

**2. Educational Services**

Wards will receive access to educational services related to their individual needs in their High School Graduation Plan, including special education and resource. A representative from education will also participate in case conferences to report the ward's progress and the assigned parole agent will attend the ward's Individual Education Plan meeting to report the ward's daily living status.

**3. Health Care Services**

Medical and dental services are provided to all wards in the Youth Authority. Generally, wards who have a medical concern or complaint will fill out an on call request to see the MTA, unless it is an emergency. After seeing the ward, the MTA generally makes a determination to refer the ward to the medical doctor, dentist, or psychiatrist. Any critical medical concerns will be brought to the attention of the Chief Medical Officer.

**F. Sexual Behavior Treatment Coordinator**

A Coordinator will monitor the consistency of the SBTP in the CYA; will oversee standardized implementation of programming components and will coordinate the training of Sexual Behavior Treatment staff. The Sex Behavior Treatment Coordinator (SBTC) will oversee movement to and from the residential and outpatient sexual behavior programs. The SBTC will also monitor the residential SBTP to ensure that identified wards for the Sexual behavior Programs are evenly distributed among the programs available. In addition, the SBTC will attempt to equalize the numbers of lower functioning/developmentally delayed wards at the four residential SBTP's. The SBTC will also monitor the number of wards in the outpatient programs and attempt to equalize these numbers according to the institutions' available resources. Finally, the SBTC will also attempt to keep southern wards in one of the southern institutions and northern wards in one of the northern institutions in order to keep them close to their families.

**G. Sexual Behavior Task Force**

The Sexual behavior Task Force (SBTF) will consist of treatment team members from each facility, field parole, the Sexual Behavior Treatment Program Coordinator and the research program specialist. The SBTF will meet on a quarterly basis. The SBTF members will be appointed by September 2005.

The following are the expectations for the SBTF:

**1. Implementation Process:**

The SBTF will play a critical role in the implementation of the remedial plan and conduct the following activities:

- Evaluate the validity of the SORD as it relates to the protocol and placement procedures. An evaluation plan will be completed by January 2006.
- Develop curriculum for the Outpatient Healthy Sexuality Program. A plan to develop and implement curriculum will be completed by January 2006.
- Develop a Dynamic and Experiential Guide for the RSBTP. A plan to develop the Experiential Guide will be completed by January 2006.
- Develop a Policy and Procedures Manual, which will be completed by July 2006.
- Re-evaluate curriculums based on developmental differences and alter assignments accordingly. (This task will be coordinated with the process of publishing the curriculum through the Change Company). This will be completed by June 2006.

**2. Quarterly Meetings:**

As indicated in the aforementioned section, the SBTF will be accountable to meet quarterly and for the following:

- Remain current on research related to the field of sexual behavior treatment.
- Review feedback from treatment staff regarding the daily maintenance of the programs and make recommendations accordingly.
- Review feedback from field parole and make recommendations accordingly.
- Monitor and evaluate the Residential and Outpatient curriculum based on current research.
- Monitor and evaluate pre- and post-testing based on current research and make recommendations to the Sexual Behavior Treatment Program Coordinator regarding the purchases of testing materials. (Will be evaluated by mental health members of the SBTF.)
- Assist Sexual Behavior Treatment Program Coordinator in the development of annual training for staff working in institutional programs and field parole.

**H. Research Program Specialist I**

The Specialist will work closely with the Sexual Behavior Treatment Coordinator to monitor and report updated statistics gathered throughout the Department. The following are areas in which the Specialist can implement their expertise:

- Monitor the operations of the Sexual behavior Programs.
- Identify relationships between program participation, program components and structure, and offender outcomes.
- Evaluate the validity of the assessment process and protocol.
- Prepare data for quarterly task force meetings.
- Prepare monthly reports for Sexual Behavior Treatment Coordinator.
- Collect data pertaining to program effectiveness.

**I. Sexual Behavior Treatment Consultant**

The Department will seek a Sexual Behavior Treatment Consultant to provide the Department with guidance on the implementation of the remedial plan. The following are areas in which the Consultant can assist the Department: :

- Observe and assess current Sex Offender Programs
- Provide feedback and recommendations for the remedial plan
- Assist the Sexual behavior Task Force (SBTF) in prioritizing the implementation plan.
- Advise Sexual Behavior Treatment Coordinator and SBTF on appropriate training and resources available.
- Assist with the development of the Policies and Procedures Manual.
- Assist design and implement research component and audit tool.
- Assist the SBTF develop a curriculum for developmentally delayed wards and female ward with a history of sexual offenses.
- Assist the SBTF in developing Dynamic and Experiential Guide and Family Counseling Handbook.
- Assist in the development of Health sexuality psycho/educational curriculum.

## **Program and Curriculum**

### **I. INTRODUCTION**

The California Youth Authority will establish the Sexual Behavior Treatment Program either residential, outpatient or both which shall be a comprehensive and integrated system of assessment, treatment and education for wards with sexual behavior problems. Assessment and treatment of these young people will begin at intake and continue for the duration of a ward's incarceration and parole.

### **II. PARTICIPANTS**

Wards who meet the following criteria are eligible for the program:

- 1) A ward committed under the provision of Welfare and Institutions' code 727.6.
- 2) A ward with a prior adjudication/conviction of a sexual offense (s).
- 3) Wards who are not committed under 727.6 WIC however, are identified as needing sexual offender treatment, shall be referred to the director or the director's designee for consideration of placement in sexual behavior treatment

The CYA SORD will be used to prioritize the most serious sexual offenders for placement. The SORD is completed at the Reception Center and Clinic. It is also completed when wards disclose non-documented sexual offenses, commit new sexual offenses or who develop a pattern of deviant sexual behavior. Risk ratings on the SORD may be overridden if information suggests that an individual may be at greater risk than his score on this instrument suggests.

The current SORD will be evaluated according to the latest research on juveniles with problem sexual behaviors. An initial validation of this instrument will be conducted.

Based on this triage system wards with sexual problems will then be referred to either the Residential Program (RSBT) for those with the highest rating, the Outpatient Program (OSBT) or to a class in Healthy Sexuality whose behavior is considered low risk.

Wards with mental health needs who qualify for an Intensive Treatment Program, Specialized Counseling Program or Specialized Behavior Treatment Program, and whose needs can be best served in one of those treatment programs, will receive outpatient sexual offender programming and curriculum within the context of their treatment program.

The wards that are not placed in a RSBTP will be placed in the OSBTP. There will be an Outpatient Sexual Offender treatment program in each institution.

**III. POLICIES AND PROCEDURES**

All aspects of the Sexual Behavior Treatment Program will be outlined in policies and procedures which will be written under the supervision of the Sexual Behavior Treatment Program Coordinator in consultation with the Sexual Behavior Task Force, and the outside consultant with experience in sex offender treatment.

**IV. WRITTEN CURRICULUMS**

CYA will follow up with a publishing company that prepares workbooks/journals corresponding to the major treatment modalities including all resource groups. Additional material shall be developed for developmentally disabled participants, females and Spanish speakers.

**V. ASSESSMENTS AND INDIVIDUALIZED TREATMENT PLANS**

Upon admission to the SBTP, each participants will be administered a standardized assessment to identify treatment needs. The assessment will provide the basis for the development of an individualized treatment plan, which will be monitored by a multi-disciplinary team on a quarterly basis. This practice is currently occurring in the Youth Authority.

**VI. RESIDENTIAL SEXUAL BEHAVIOR TREATMENT PROGRAM**

The Residential Sexual Behavior Treatment Program will provide participants with intensive treatment and learning services for re-entry into society. The programs are primarily designed to serve the high and moderate risk sexual offenders.

There are four (4) Residential Sexual Behavior Treatment Programs that total 207 treatment beds. Currently, these programs are located in four (4) Youth Correctional Facilities (YCF).

- 1) OH Close YCF – the Sexual Behavior Treatment Program – this program is located in Stockton, California and it generally houses the Northern California younger sexual wards.
- 2) NA Chaderjian YCF – the Sexual Behavior Treatment Program is located in Stockton, California and this program houses the older, Northern California wards.
- 3) Southern Youth Correctional Center Clinic – the Sexual Behavior Treatment Program is located in Norwalk, California. This program generally houses the younger Southern California wards.
- 4) Herman G. Stark YCF – the Sexual Behavior Treatment Program is located in Chino, California. This program houses the older, Southern California wards.

There are 207 Residential Sexual Behavior Program beds. Currently, residential treatment will use a core cognitive/behavioral approach. However, the treatment approach may be amended according to the principles of evidenced-based therapies, which may suggest that alternative or additional strategies may be more effective. Currently, the program is divided into 12 stages.

Ten stages are provided in the residential program, Stage 11 is provided on 'Maintenance' in general population, and Stage 12 is provided on parole. The 10 residential stages are grouped into three phases: Orientation, Core Program and Relapse Prevention.

The 10 stages have been written so that lower and higher functioning wards can both move through the stages. The treatment team will adapt the assignments to the ward's abilities. Upon meeting the expectations of the 10-Stage Residential Sexual Behavior Treatment Program, wards will advance to Stage 11, which is a 'Maintenance' stage in the general population. Stage 12 (aftercare) occurs in the community under parole supervision, utilizing a 'continuum of care' model.

### **A. Treatment Modalities**

Treatment hours on the SBTP will be 20 hours a week, with the exception of institutional emergencies. The following treatment hours are recommended as part of the current identified curriculum:

- Sexual behavior group is co-facilitated by a Psychologist and A Youth Correctional Counselor (YCC) in a small group setting with 6-7 wards **3 hours**
- Residential large group (2 groups per week) led by the Senior Youth Correctional Counselor (SYCC) **4 hours**
- Resource Groups (2 groups per week) to include Core: 1) Victims Awareness, 2) Criminal Thinking Errors, 3) Addictive Behavior, 4) Human Sexuality, 5) Interpersonal Skill, 6) Additional Resource Groups as recommended by Treatment Team Survivor's Group, 7) Stress Management and 8) Anger Management **3 hours**
- Individual work to include Case Conference and sessions with Psychologist/ YCC/SYCC/CWS/IPA/YOPB **4 hours**
- Sexual behavior treatment homework such as behavioral task assignments, family interaction assignments, residential, community activities, and other treatment activities (does not include educational/vocational homework). **6 hours**

**Total: 20 Hours per week**

The residential portion of the Sexual Offenders Treatment Program (the first 10 Stages) will be approximately 24 months in duration. However, since the program is competency-based, not all wards will progress through the stages at the same rate. Some wards may be highly motivated and able to complete the program in less than 24 months. Other wards may be more resistant, in denial, fixated, or entrenched in sexual predatory behavior, which will inhibit them from moving forward in treatment.

**B. Family Counseling**

In the Residential Sexual Behavior Treatment programs, there will be a family-counseling component in Stages three, six and nine. If deemed appropriate, and the families are willing and able to participate, the program will offer a minimum of three family counseling sessions at each one of the three stages of treatment.

**C. Discharge Criteria**

The determination of Residential Sexual Offender Program successful completion will be competency based and determined by measurable objectives reflecting treatment completion and goal obtainment. Wards will be assessed on their accomplishment of specific changes in outcome measures and behavior and their ability to apply their knowledge to their daily functioning. Wards will be assessed on both their behavior and on the attainment of treatment goals and their treatment gains from the 10-Stage Residential Sexual Offender Curriculum. This will be done via their individual treatment plan and monitored at each case conference.

**D. Maintenance Stage**

Maintenance will occur while the ward is housed in the general population. The goal of the Maintenance Stage will be to continue to reinforce the concepts, therapeutic issues, and relapse prevention techniques covered during the first ten stages. Parole preparation will also be included. Wards in the Maintenance Group(s) will come from both Residential and Outpatient Sexual Offender Treatment Programs. There will be a standard curriculum for the Maintenance Group(s). Each institution will have at least one Maintenance Group. Considering the current ward population, approximately 10 wards will be considered for each group. Each group may be scheduled for 90 minutes once a week. Each institution's Outpatient Psychologist and YCC are recommended to lead the Maintenance Group (s).

**VII. OUTPATIENT SEXUAL BEHAVIOR TREATMENT PROGRAM**

All wards with a history of sexual offenses who are not identified for residential placement will be placed in the Outpatient Sexual Behavior Treatment Program (OSBTP) in one of the programming institutions. Each programming institution will have at least one OSBTP.

The outpatient population will include wards within the general population that have either been identified for treatment but do not meet the residential criteria, or wards who are on the maintenance stage.

The duration of treatment in the Outpatient Program will be competency-based (e.g., wards progress through the program at their own pace). Some wards may require more time to work through points of impasse. These wards may require a higher level of care such as a Residential Treatment Program. The 10 stages have also been written so that the cognitive level of the wards will not impede their progression through the stages. The treatment team will adjust the assignments to meet the wards' abilities.

**A. Treatment Hours**

Each ward will receive a minimum of 10 hours of sexual behavior-specific treatment per week while in the Outpatient Program. Exceptions considered are institutional emergencies, such as an administrative lock-down. The treatment is recommended as follows:

- 1 Sexual Behavior Group (with one psychologist and one YCC and 10 wards) **2 hours**
- 1 Core Resource Group (Led by the YCC – each is 12 weeks in duration) **1.5 hours**
- Individual Work with Psychologist/Treatment Team/YAB on sexual behavior issues (average) **5 hours**
- Sexual Behavior Specific Treatment Homework Group: Written treatment homework (not including schoolwork) behavioral/task assignments, family interaction, assignments and other treatment activities **6 hours**

**Total: 10 Hours per Week**

**VIII. HEALTHY SEXUALITY PROGRAM**

Following an assessment period in a sexual behavior treatment program, those wards for whom specialized sexual behavior treatment does not appear to be warranted will be dismissed from the program and referred to a Healthy Sexuality class. Educational, mental health, SBTP or medical staff may conduct these classes. These classes shall be conducted on a twelve-week rotation, each class being at least one hour in duration.

**IX. PAROLE AFTERCARE**

Aftercare Treatment will begin once the ward is released into the community for parole supervision. The goal of this phase of treatment is to continue to reinforce the concepts, therapeutic issues, and relapse prevention techniques covered previously. The parolee will participate in the Sexual Behavior Aftercare Treatment Program while on parole. This program will include weekly group counseling and individual counseling. Therapists leading Sexual Behavior Treatment Groups will utilize the curriculum similar to that used in the Maintenance Groups (Stage 11).

The parole sexual behavior aftercare programs will be designed to provide comprehensive standardized re-integration services to wards during the transition phase of their parole experience. These transitional phases will enhance on-going treatment and training, provide public safety, and establish community-based resources to facilitate the continuum of care concept. The transition process is divided into three phases: Pre-Release, Case Management, and Maintenance.

**A. Phase I: Pre-Release**

In this phase institutional staff, field parole agent, aftercare therapist, and family members will collaborate with the offender prior to their parole consideration date to develop the parolee's Transition/Aftercare Program. The Aftercare Program will outline the steps necessary to achieve his/her therapeutic goals. The Parole Placement Plans will be developed and will recommend whether the offender will be placed in a group home or family residence. Outpatient aftercare treatment can be provided in either placement.

**1. Parole Agent II, Specialist**

The Parole Agent II, Specialist shall interview the offender either in person or via telephone prior to the parole consideration date. For wards that may be paroling to a transitional program or require additional case preparation, the Parole Agent II, Specialist shall consider interviewing the offender at least 90 days or 180 days prior to the parole consideration date. During these interviews, conferencing should be conducted with the Institution Parole Agent or Casework Specialist, as well as the contract therapist.

This interview/conference is recommended in order to establish rapport with the parolee, assess the parolee's progress in treatment, assess the parolee's potential risk to re-offend, and develop an individualized parole plan while ensuring the consistency of a treatment approach.

**2. Aftercare Therapist**

All parole offices provide aftercare services. The aftercare therapist assigned to each office shall meet with the ward who is being referred to parole either in person, or via video or telephone. The Aftercare Therapist will provide the clinical expertise on developing treatment dynamics that will be implemented in each parolee's treatment plan.

Conferencing with institution parole agent/therapist and ward will occur prior to the parole consideration date. The more difficult cases are recommended to occur 90 days or 180 days prior to parole consideration date. This is to develop an individualized parole plan, which assumes the consistency of treatment approaches and includes placement in therapy. CYA will train aftercare therapist in a uniform treatment model which must be adhered to.

**B. Phase II: Case Management**

A parolee who has been incarcerated for an extended period of time in a highly structured and controlled setting needs time, supervision, and assistance in adjusting to the myriad of new experiences they will encounter in the community. Therefore aftercare services will include the following:

**1. Aftercare Treatment**

Treatment will be provided by the aftercare therapist and shall consist of one group therapy session per week. Sessions are generally one-and-a-half hours in length. Parolees will participate in group, family and individual sessions as needed. Each sexual behavioral group shall consist of a maximum of eight parolees. Parolees should be able to demonstrate the ability to address issues, accept full responsibility for the offense and have knowledge of relapse prevention and high-risk issues.

**2. Parole Agent II, Specialist Duties**

The field Parole Agent will act as a liaison agent with the institution(s), and the aftercare provider(s) to provide offense specific supervision. CYA will provide training on a consistent supervision model.

**3. Supervision Requirement**

Regular re-entry services with a minimum of one contact per week during the first 30 days decreasing to two contacts per month for the following 60 days will be provided to the parolee. After completion of the re-entry phase, parolees will be supervised under maximum Case Management Supervision standards, which is a minimum of two contracts per month.

**C. Phase III: Maintenance**

The goal of the maintenance phase is to maintain a level of stability and prepare the parolee for eventual discharge from the California Youth Authority. During this phase the parolee will demonstrate stable adjustment in a variety of domains:

The Parole Agent II, Specialist, in conjunction with the aftercare therapist/clinician, will evaluate the above criteria for the parolee's entrance to the Maintenance Phase. Upon entering this phase, the agent and therapist will determine the amount of group counseling sessions, individual counseling sessions, and/or family counseling sessions that will be required for the parolee each month. At any time the parolee fails to maintain one of the above criteria, the agent and/or therapist may return the parolee to the Case Management Phase. To meet objectives and treatment goals, the 12-Stage program integrates several key components to manage, treat and track the progress of wards with a history of sexual offenses.

**1. Key Components**

- a) Sexual Behavior Treatment is progressive. A ward never “completes” sexual behavior treatment. Understood as a continuum, Sexual Behavior Treatment is segmented into 12 stages with stage 1 as the beginning stage and stage 12 being Sexual Behavior Treatment while on parole.
- b) Participants will be treated in a Residential (sexual behavior specific), an Outpatient (general population wards attending weekly Sexual behavior Groups) setting or an Outpatient Healthy Sexuality (general population wards attending weekly psycho-educational groups) setting. If treatment needs dictate, ward with a history of sexual offenses may be moved between Outpatient and Residential programs.
- c) Assessment tools, including the revised Sex Offender Referral Document (SORD), and additional psychological assessments may be utilized for purposes of placement and treatment needs assessment.
- d) Family counseling is an integrated aspect of the 12-Stage Program.
- e) Special programs and curricula will be developed for wards with special needs (including dual diagnosis wards, developmentally disabled wards, psychopathic wards, wards who have cases on appeal, wards housed in Restricted Programs and Unsuccessful Residential Program wards).

**X. EVALUATING INSTITUTION-BASED SEXUAL BEHAVIOR TREATMENT PROGRAMS****A. The Evaluation Process**

An effective evaluation should be conducted which will include a discussion of the evaluation elements, a description of the implementation process, and a description of the data points used to assess program success and failure. An effective evaluation process shall be developed which will be able to provide proof of practice. The research division will be consulted to determine the experimental design and audit tools necessary to confirm standards are being met, track demographic data and study the dynamics of change as related to treatment and eventual outcome results.

**XI. ETHICS STATEMENT**

All treatment will be provided through ethical guidelines that are followed by all mental health programs and employees in the Youth Authority.

## **Staff Training**

### **I. OVERVIEW**

Staff working on either the Residential or Outpatient Sexual Behavior Treatment Programs, shall attend mandated training in working with wards with sexual problems. Training should include attendance at national conferences devoted to juvenile sex offender treatment for selected staff. In addition, the Sex Offender Program Coordinator shall administer the budget for sex offender training.

### **II. STAFF WORKING ON SEXUAL BEHAVIOR TREATMENT PROGRAMS**

Staff working on Sexual Behavior Treatment Programs shall:

- Receive initial orientation training on the CYA Sexual Behavior Treatment Program.
- Receive yearly in-service training. In-service training will use both the “training for trainers” model and program wide presentations by outside consultants. Selected staff will attend national conferences to receive updated information on evidenced-based treatment with this population. This staff shall then present in-service training to the CYA Sexual Behavior Treatment Program staff. Additionally experts in this field may be retained to present in-service trainings to the CYA SBTP staff.
- Receive yearly in-service training to include updated information on adapting the treatment program to wards with cognitive deficits and/or psychopathic behaviors.

#### **A. Psychologists**

Continuing Education Credits (CEC) for psychologists will be considered when they receive initial training in risk assessments or conference based training. The Sex Offender Program Coordinator will also coordinate this training according to nation-wide best practices.

#### **B. Psychiatrists**

Psychiatrists working with juveniles with inappropriate sexual behaviors in each institution will be given the opportunity to receive approximately 8 hours of Continuing Education Credits (CEC) of training in the psychopharmacological treatment of this population.

#### **C. Adjunct Staff**

Adjunct staff including medical, mental health, aftercare clinicians, educational, recreational and security staff will receive training in understanding the needs of wards with sexual behavior problems.

**III. Residential Treatment Program Team Meetings**

In addition, each residential team shall be provided the opportunity for yearly team meetings. These team buildings/meetings are essential to ensure the smooth operation and standardization of each Sexual Behavior Treatment Program and to address issues such as: manipulation, “staff splitting” and staff conflict.

**IV. Supervision**

All staff of the SBTP at a given facility are recommended to meet weekly for training and case review.

**V. Sex Offender Program Coordinator (SOPC)**

The SOPC in Central Office will administer the training budget for all of the residential and outpatient Sexual Behavior Treatment Programs.

The Coordinator will work closely with the program managers to ensure that appropriate training is provided to staff in each program and that training costs are minimized. The Coordinator will also remain knowledgeable of upcoming sex offender training opportunities, trends, and treatment techniques for juveniles with inappropriate sexual behaviors.

The Coordinator will monitor the treatment staff training records in regards to sex offender training to ensure that the staff receive the mandated annual training. Training requirements will also be reviewed during the performance standards auditing process.

Finally, the Coordinator will maintain a resource library for use by Youth Authority treatment staff.

## **Staffing of Sexual Behavior Treatment Programs**

### **I. Overview**

An area of concern in the review of the CYA Sexual Behavior Treatment Programs is the lack of staff (Staffing patterns are not comparable to national standards), the qualifications of staff, and the lack of consistency of staff (high turnover).

The Department will seek to exempt Youth Correctional Counselors chosen and assigned to the program from the post and bid process and seek to allow staff to remain assigned to the program for a minimum of four years. This will enhance the quality and delivery of treatment services to wards. Lastly, the Department will require that staff assigned to Sexual Behavior Treatment Programs attend annual training in the area of sexual behavior treatment. All of the above shall be implemented pursuant to the Dills Act.

Due to the fact that the Department has difficulty recruiting casework specialists and psychologists who are experienced in the treatment of sex offenders, the Department will work with Universities and professional Schools of Psychology to recruit qualified personnel and to develop an internship program.

### **II. Positions in Headquarters**

The following new positions will be assigned to Central Office Headquarters.

#### **A. Senior Psychologist (managerial) - Sex Offender Program Coordinator**

A Permanent Sex Offender Program Coordinator position will be established and housed in Central Office in the Institutions and Camps Mental Health unit. The Senior Psychologist will supervise the Research Program Specialist and the Office Technician. The duties of this position will include overseeing the implementation and standardization of the Department's Sexual Behavior Treatment Program.

#### **B. Research Program Specialist I**

A Research Specialist will oversee the collection of data, the program effectiveness, compare national trends in sex offender treatment, etc. The initial placement of participants in "residential" and "outpatient" treatment programs will be validated through the assessment process; individual participants will be evaluated periodically to determine if their placement is appropriate given their level of need.

An impact evaluation on program participants will be conducted based on feedback from the Sexual behavior Task Force; the emphasis is on evaluating the programs rather than individual participants.

### **C. Office Technician**

The Office Technician will provide clerical support for the Sex Offender Program Coordinator and the Research Program Specialist.

## **III. Staffing on Residential Sexual Behavior Treatment Program**

The four RSBTP will house between 50 and 60 wards. The staffing ratio will be as follows:

- One (1) Full Time Program Administrator
- One (1) Supervising Casework Specialist I
- One (1) Parole Agent I
- One (1) Senior Youth Correctional Counselor
- Three (3) Full Time Psychologists
- Eight (8) Youth Correctional Counselors (includes vacation relief) on 50 bed Programs with Closed Dorms
- Nine (9) Youth Correctional Counselors (includes vacation relief) on a 60 bed Program (Humboldt) with Open Dorms
- One (1) Office Technician

### **A. Program Administrator**

A Program Administrator will oversee the management and operations of the four Residential Sexual Behavior Treatment Programs. The Program Administrator will work closely with the Sexual behavior Program Manager to ensure consistency and standardization of the Sex Offender treatment programs. The Program Administrator will supervise the Supervising Casework Specialist and will work closely with the Senior Psychologist and provide functional supervision of the psychologists.

The Program Administrator will also manage and oversee the Outpatient Sexual Behavior Treatment Programs, and supervise the staff working in the Outpatient Sexual Behavior Treatment Programs.

### **B. Supervising Casework Specialist I**

Each Residential Sexual Behavior Treatment Program will have a Supervising Casework Specialist (SCWS) who will act as the program manager and supervise the daily operations of the treatment programs. The SCWS will supervise the Parole Agent/Casework Specialists, the Senior Youth Correctional Counselors and the Office Technician. The SCWS will be the second line supervisor to the Youth Correctional Counselors.

**C. Parole Agent**

There will be one Parole Agent assigned to each residential program. The Parole Agent will ensure that all mandatory reports are prepared in a timely manner, schedule and chair case conferences, monitor caseload assignments, communicate with field parole, collect data on a monthly basis regarding completed treatment groups, and make recommendations in the weekly clinical meetings.

**D. Office Technician**

The Office Technician will provide clerical support for the treatment team. They will assist with preparing psychological reports and Youth Authority Board reports, filing documentation related to the audit process, and maintaining timelines and tracking report due dates.

**E. Psychologist**

There will be three psychologists assigned to each residential program. The wards will be divided into three groups of 16 to 20 wards. Each group will be assigned to a psychologist. The psychologist will provide the clinical expertise on developing treatment dynamics that will be implemented in each ward's individual treatment plan.

**F. Senior Youth Correctional Counselors**

The Senior Youth Correctional Counselors (SYCC) will manage the living unit daily operations. The SYCC will supervise the Youth Correctional Counselors. The SYCC will be the middle supervisor between the middle managers, the YCC's and the wards.

**G. Youth Correctional Counselors (YCC's)**

There will be at least 8 Youth Correctional Counselors (YCC's) assigned to each program. Three YCC's will be assigned to each psychologist. Each YCC will have between five and seven wards assigned to their caseload. Each YCC will be given 8 hours of casework each week. The 8 hours includes:

- 3.5 hours for offender group (the group plus individual consultation time with the psychologist to discuss group and caseload issues).
- 1.5 hours for resource group
- 4 hours for report writing, filing, individual ward treatment work, etc.

Each YCC will be assigned to lead one of the eight Resource Groups. YCC will be trained to lead 2 resource groups and thus can be a back up for another YCC that is unable to lead their assigned Resource Group.

A Caseload will consist of a Psychologist, a YCC and five to seven Wards. The Sexual Behavior Treatment Group will be called the Core Group. Each caseload will participate in a weekly Core Group that will be 2 to 3 hours in duration and will be led by the Psychologist and the YCC. Generally, wards will stay in the same Core Group for the duration of their time in the residential program.

#### **IV. Outpatient Sexual Behavior Treatment Program**

The staffing for these programs will be for every 50 general population wards with SORD Scores. The SOPC will monitor the wards in each facility OSBTP to ensure that approximately 50 or 100 wards are in each program.

- One (1) Full Time Psychologist – assigned to work with wards identified for the outpatient Sexual Behavior Treatment Program. The institution Senior Psychologist supervises the Psychologist.
- One (1) Youth Correctional Counselor assigned to work solely with the Out Patient Sex Offender Treatment Program. A Treatment Team Supervisor/Program Administrator will supervise the Youth Correctional Counselor.
- One (1) Office Technician – assigned to complete mandated reports, maintain updates of files, and provide technical support. The Psychologist will supervise the Office Technician.

**The Psychologist:** will co-lead the Sexual behavior groups with a ratio of one (1) Psychologist and one (1) Youth Correctional Counselor to 10 wards per sex offender group. The Psychologist will also be responsible for any psychological testing and psychological reports requested by the YAB/Courts/Counties (includes WIC 1800 testing) on the sex offenders in the Outpatient Treatment Programs. If a ward needs to be transferred to a Residential Sexual Behavior Treatment Program, the psychologist will conduct any needed psychological testing and write a report recommending a transfer to a residential Sexual Behavior Treatment Program.

**The Youth Correctional Counselor:** will co-lead the Sexual behavior groups with the Psychologist, coordinate the movement of wards to and from the Sexual behavior groups, and provide security during the groups. The YCC will work with the Psychologist and monitor the groups to ensure that there are approximately 10 wards per group, that the wards in the groups are cohesive as far as gang issues (work with the Institutional Gang Coordinator) and sex offender typology (e.g., Rapists, Child Molesters, Developmentally Delayed and Psychopaths). The YCC will write an addendum to the Case Report/Individual change Plan (for wards with an upcoming Youth Authority Board and Youth Authority Administrative Committee hearings) regarding wards' progress in the Outpatient Sexual Behavior Treatment Program. The YCC will also lead sexual behavior-specific Resource Groups. One Resource Group will be lead at a time.

If a ward needs to be transferred from the outpatient to a residential sexual behavior program, the YCC will work with the psychologist, complete a new SORD and work with the Sex Offender Program Coordinator to place the ward to the appropriate program.

**1. Evaluating Staffing Needs**

The Sex Offender Program Coordinator will monitor staffing patterns to determine the appropriate level of staffing for the purpose of addressing on-going treatment needs. As part of this assessment, the SOPC will work with the Research Program Specialist to gather this information in accordance with the auditing process. Recommendations for changes will be reported to the Deputy Director or designee for consideration and appropriate action.

## **Appendix A: Program Definitions**

### **Cognitive-Behavioral Treatment**

Cognitive-behavioral treatment is utilized in the modification of problematic sexual behaviors by helping the program participants identify and modify maladaptive beliefs and values, recognize the cognitive, affective and behavioral antecedents of their conduct and learn appropriate interventions.

### **Experiential Therapies**

Experiential therapies can be adapted for use with any treatment model and are intended to engage all of the sensory modalities and address a variety of learning styles. These therapies typically include role-playing, drama, art and music therapies. The SBTP will develop a treatment manual on adapting experiential therapies for use in both the RSBTP and OSBTP.

### **Healthy Sexual Behavior Program**

Wards identified as being in the lowest risk category will be offered psycho-educational classes on healthy sexuality to be offered by institutional staff. These wards shall not be identified as participants in the SBTP. However, CYA staff may refer these wards for reassessment by the SBTP should their behavior raise questions about level of risk for behaving in a sexually inappropriate manner.

### **Large Group**

The RSBTP will offer a minimum of four hours in Large Group meetings, at least one of which will occur on the weekend. These groups will focus on community issues and the application of treatment principles in the therapeutic community.

### **Outpatient Sexual Behavior Treatment Program (OSBTP)**

The OSBTP will treat participants who are placed in the general population. Each Youth Correctional Facility will have an OSBTP. Wards housed in the general population and on the ITP/SCP/SBTP will receive treatment utilizing the outpatient curriculum.

### **Program Participant**

The California Youth Authority identifies as an eligible program participant any ward or parolee who meets one or more of the following criteria:

- 1) Are committed under the provision of Welfare and Institutions' code 727.6
- 2) Have a prior adjudication/conviction of a sex offense (s)
- 3) Wards who are not committed under 727.6 WIC however, are identified as needing sex offender treatment, shall be referred to the director or the director's designee for consideration of placement in sex offender treatment. Agree

**Residential Sexual Behavior Treatment Program (RSBTP)**

The Residential Sexual Behavior Treatment Program (RSBTP) provides participants with intensive treatment and learning services for re-entry into society. Each program houses between 50 and 60 wards; however, the number of wards may vary depending on the Department's budgeted population. The treatment modality is multi-modal, evidenced -based program reflecting best practices in the field of juvenile sex offender treatment. This currently includes cognitive-behavioral approaches.

**Resource Groups**

The SBTP will offer core resource groups identified as part of the treatment curriculum. Additional resource groups are generally provided to assist wards meet treatment needs. Resource groups are a small group that consists of eight to ten wards and are generally led by a Youth Correctional Counselor. On the RSBTP, YCCs will be assigned to lead one of the eight resource groups. There will be a standardized curriculum for each resource group. The resource groups are generally 10-weeks in duration, and there will be a standardized calendar for the resource groups. OSPTP will offer five resource groups with an additional three prescriptive groups for those wards whose individualized treatment plan identifies these therapeutic needs.

**Sex Offender Referral Document (SORD)**

The SORD is a screening instrument used to triage SBTP participants into three different risk categories. This instrument will be updated, with the assistance of outside consultant, to reflect the most current research on wards with sexual behavior problems.

**Sexual Behavior Group**

The Offender Group is the Core/Primary group in which the ward focuses on his/her sexual offending behavior. The ward will participate in weekly Offender Group/s for a minimum of two hours a week and will be co-led by a clinician and a Youth Correctional Counselor (YCC). Generally, wards will remain assigned to the same psychologist and YCC for the duration of their time in treatment.

**Standardized Curriculums**

The SBTP will contract with a publishing company to produce standardized curriculums and workbooks or interactive journals based on existing material updated to reflect best practices. Specialized material will be developed for developmentally disabled, females and Spanish-speakers.

**Therapeutic Community**

The RSBTP will operate as a modified therapeutic community with all residential experiences viewed as part of the treatment program. It is expected that program participants will integrate treatment principles into their daily living, and that this will be reflected in their behavior in the residential community. Participants will be offered the opportunity to develop leadership and social skills by planning and participating in residential community activities.